

Association in such work is at the service of all committees, and invites correspondence and offers its full coöperation.

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Last, But Not Least, the Year 1930 Is a State Election Year.—This caption is presented to remind us of our individual civic obligations to be interested in the complexion of the next state legislature, many of whose assembly and senate members will be elected in the fall of 1930. These particular lay fellow citizens who will have legislative powers should be contacted at an early day and an intelligent effort made to acquaint them with the viewpoints of physicians as regards maintenance of proper standards in medical licensure and in public health activities. It is not fair to criticize members of the assembly and senate when they vote in opposition to the maintenance of such standards if we have made no previous attempts to acquaint them with medical problems which may come before them, and to inform them why we hold certain opinions thereon. The medical profession does sufficient service in the protection of the public health of California to merit careful consideration of its viewpoints. Legislators will be found to be glad to give such consideration if proper contacts are made from the beginning. Every member who knows a state assemblyman or state senator or a prospective state assemblyman or senator may well cultivate such acquaintanceship or friendship, for it later on might be of real value in the protection of public health interests. In responsibilities such as this every member of the California Medical Association can be of service. The officers of the Association can only act for and speak on behalf of their fellow members.

NEW COUNTY SOCIETY OFFICERS—SOME OF THEIR PROBLEMS

The New Year Brings New County Officers.—Once again, at the beginning of this new year, most of the component county societies of the California Medical Association will find themselves taking up their meeting and other work under new groups of officers. Some of these officers will have gone through the apprenticeship of other society positions of responsibility, and especially if they have functioned as secretaries of their societies they will be able to have a somewhat intimate knowledge and judgment of county society work and needs. It is well, however, no matter how great our past experience may have been, at the beginning of work that will cover the program of a calendar year, to make somewhat of a survey of the objects which a county society should seek to accomplish. On that account some of these aims, which in times past have been discussed in detail, will be here commented upon.

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Intensive and Extensive Functions of a County Unit.—The development of a county medical society may be said to fall under two major heads.

The one set of major activities are of an internal or intensive nature and have to do with

all those efforts which would bring to the members of the county society the most profitable association possible; while promoting the unity and good understanding of the members and so making for a component county society that will find its proper local place in the scheme of state and national expressions of organized medicine.

The other set of major responsibilities has to do with the outward or external work or extensive activities of a county unit. Here come up membership problems of nonaffiliated physicians, and contacts wherein the county society as an organization and through its members as individuals makes its influence felt in civic affairs and in lay and affiliated organizations.

That county unit will have the best record for progress whose officers visualize its problems in these two fields and who use intelligent and practical efforts to solve the same. The responsibility for successful or unsuccessful performance of a county society's activities for the year 1930 must necessarily rest upon the officers who by their fellows have been selected for positions of honor, because of the belief of their fellow members that as officers they would generously give of themselves in service to organized medicine.

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Medical Meetings Should Have a Twofold Nature, Scientific and Good Fellowship.—Medicine is a growing science. Its members seek the inspiration and stimulation which comes from consideration and discussion of the experiences and problems presented by colleagues. Therein lies the basis of the scientific programs of medical meetings.

Essayists should be of two classes: One, local members who present studies and problems concerned with local practice and with whom exchange of opinion, from the standpoint of local environment, makes for more efficient methods in practice; two, invited guest speakers. In California the component county societies, through the extension lecture department of the California Medical Association (see page 294 of the October 1929 issue), have an opportunity to bring to local society meetings colleagues from other cities who are prepared to present papers on a large number of scientific topics. County societies owe it to their own members from time to time to invite one or more of such guest speakers to their meetings. A perusal of the proceedings of some of the county units shows that they are alert to the advantages to be derived from such outside speakers. The program committees of every county society should hold a meeting at an early date and outline in fairly definite form the work to be covered in the scientific meetings, and what local and guest speakers are to be invited. A program committee which permits the scientific proceedings to rest on what may be called haphazard voluntary presentation of papers is not often in position to congratulate itself on having made a real effort properly to do its work.

Program committees should also appreciate that the development of good fellowship and of fine and generous understanding between mem-

bers of a county medical society may be quite as important as the scientific problems. Informal buffet lunches and suppers are big aids in this, as is attested by the goodly number of county societies which report such activities. A county medical society whose members are broken up into groups, with only casual acquaintanceship or friendship relations between members, cannot really be stated to be a well organized county unit, no matter how large its numerical membership may be. The medical profession, in greater degree than ever before, today needs good fellowship among its members because, without such understanding, the medical profession will not be in position to solve to best advantage the economic and social problems connected with medical practice. Let us know one another and understand one another. Such understanding will make for our individual and our collective development.

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A Special Topic for Study in 1930.—Reference has been made in this column to certain studies being carried on by state society officers in relation to evils that would threaten medical practice in case state medicine ever acquired a foothold. These topics of the so-called "high cost of medical care" (an unfortunate misnomer), and of so-called "state medicine," are worthy of a place on the program of every county society in California if for no other reason than to show how large and many are the problems connected therewith, and how very difficult is their solution. If the members of each county society will study these questions, then a foundation will have been laid for a better evaluation of any plan that might later on be presented by the parent or state association.

All physicians must earn money in order to live. These topics have much to do with these money or economic phases of professional practice. It is worse than silly to imply that they should not have a place or serious consideration in our meetings. Some of our present-day problems have arisen in good part because of our accentuation and overemphasis of scientific papers, with almost total neglect of papers or discussions having to do with the economic problems of medical practice. As a group we may be peculiar in that we may not strive for much monetary enrichment or material ease or luxury, but that is no reason for pretending that economic problems must not be mentioned or discussed in our meetings.

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Woman's Auxiliaries in County Societies.—In the Miscellany department of this issue of CALIFORNIA AND WESTERN MEDICINE is printed an outline of work for woman's auxiliaries. In this column, in the November 1929 issue, page 351, were printed some comments on how to organize county woman's auxiliaries. Prior to the next annual session at Del Monte on April 28, every component county society should aim to bring a woman's auxiliary into existence. The advantages of such auxiliaries have been outlined elsewhere. The California Medical Association has com-

mitted itself to the sponsorship of such organizations. Each county society should do its part by bringing such a local auxiliary into being. The state auxiliary will then be able to take up its further work in earnest when the annual session convenes at Del Monte. Here again the credit or discredit of forming or not forming such county auxiliaries must rest largely on the shoulders of the officers of our county medical societies.

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Revision of County Society By-Laws.—A considerable number of county societies have rather loose rules of procedure. They learn this to their sorrow when certain difficulties arise. Every county society must conform to and adopt those portions of the constitution and by-laws of the California Medical Association which apply to component county societies. Every member of every county society in the California Medical Association has recently received a copy of the state society constitution and by-laws. Here again we have a convenient working basis or starting point in a consideration of a possible revision of county society constitutions and by-laws.

It would be a distinct advantage to medical organization in California if the constitutions and by-laws of all county societies were modeled in good part after this California Medical Association general pattern. Would it not be a wise procedure if every county society in the near future appointed a committee to bring in a report on a possible revision of its constitution and by-laws, with instructions to use the California Medical Association draft as a basis for incorporation of such local modifications as local needs or customs might make desirable? It should not be difficult to make such transpositions. Each county society thus would be working in closer harmony and coöperation with other county societies as well as with the parent state organization. A better opportunity for such a study could not be asked for, because all members have a copy of the printed state constitution and by-laws as a basis for comparison. This will be a good year in which to make such a study.

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Membership Growth.—Every member receives each year two directories of California physicians. One of these directories is issued by the California Medical Association and the other by the Board of Medical Examiners of the State of California. The general county arrangement of names follows the same general form in the two publications. It is therefore easy to scan the lists in the different counties and to note who are the nonmembers.

Other things being equal, mere graduation from certain high-grade schools of medicine should imply that each such graduate should be affiliated with organized medicine. If such is not the case, the reasons for such nonaffiliation should be known to the society officers.

With so easy and simple a method of reference, why should not every county society instruct a standing or special committee on membership to bring in to it or its council a report

on presumably eligible physicians who are non-members? Why must this type of work be left to happy-go-lucky chance? We are organized in medicine to promote scientific standards and to promote the interests of the public health and the welfare of our members. Let us use that same common-sense acumen and judgment in these matters which we see everywhere manifested by business and other organizations which are successful. The practice of medicine is very individualistic, it is true, but in our group organization and group efforts we should use those methods which are recognized as efficient parts and parcels of group activities. Bringing all eligible nonmembers into active membership affiliation with us is one of the very special of such group activities. If we give this work its proper recognition our county units and our state association both will profit and be the stronger. Such a study should be promoted by all county society officers who wish to see their societies go on to fullest possible development.

INDIVIDUALISM AND THE GROUP SPIRIT IN THE PRACTICE OF MEDICINE

Individualism in Medicine.—The December issue of CALIFORNIA AND WESTERN MEDICINE presented as its opening article a paper on "Individualism in Medicine," from the pen of this year's retiring president of the American Medical Association, Dr. W. S. Thayer of Johns Hopkins University. The paper was of such exceptional worth that the wish comes that every member of the California, Nevada and Utah Medical Associations would take the time to read it. Its clarity and charm in describing some modern-day tendencies in medical practice will amply reward all who give it their perusal and consideration.

In none of the learned professions are men called upon to play such lone hands, as it were, and to lead such individualistic professional lives as in the practice of medicine. As a matter of fact, it is almost impossible to conceive of successful practice without such individualism. This personal contact with a patient and the responsibility for one's patient is a something which, as Dr. Thayer well states, cannot be passed to another. It is also equally true, as he points out, that "coöperation in the mere sense of division of responsibility is not coöperation."

It is good for us to keep in mind these fundamental principles which have to do with the art and science of medical practice, for in so doing we may be saved the embarrassment of finding ourselves worshipping at the altars of what seem today to be scientific facts, but which in the light of the tomorrow may have far less real value than their supposed worth of the present would indicate.

In our quest for greater attainment in the scientific phases of medical practice, it is also wise not to belittle those important procedures which have to do with what is the art of medicine, lest in so doing we create limitations of outlook that may keep us from measuring up to that full effi-

ciency which is characteristic of the highest type of physicians. And above all else, let us guard ourselves well, so that we join not that fortunately somewhat limited group in our own profession who might be called the intellectual snobs, and who in our profession, as in other callings where such self-sufficient individuals are found, magnify the little extra book or other knowledge or skill or success which they may have acquired until it becomes a detriment to themselves and to their capacity for larger service, as well as a reflection on that large group of physicians who seek increased knowledge and efficiency for the heart and mind satisfaction of being able to be more useful to their patients, while at the same time endeavoring to maintain that humility of demeanor which has always been associated with real greatness, wherever found.

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The Group Spirit in Medicine.—Medicine needs the stimulus of group association as well as that which is a part of individualism. The group spirit in medicine may be said to have two major expressions.

One of these major phases of group spirit was indicated when Dr. Thayer called attention to the need of group association and coöperation in the care of individual patients. That expression of group spirit is one of which every physician must avail himself, unless he be absolutely isolated and far away from his fellows. Even then such an isolated colleague can maintain coöperative effort through his journals, with his fellows who are more fortunately situated, by learning from their writings concerning the newer methods of procedure that would be to the advantage of his patients.

As an expression of the second major phase of group spirit, this journal, and the state medical associations which sponsor it, can be taken as examples. Another name for this particular phase of group spirit is "organized medicine." Every activity carried on by organized medicine, that is, all efforts put forth by groups of physicians who form various medical societies, are efforts which are an expression of this type of group spirit. To partake of the same, one must enter into the work with unselfish, impersonal motives, and with the determination to work and serve in the activities which are put forth by such societies, when they endeavor in the advances made by civilization, to place the standards and practice of medicine on the highest possible plane of service.

In such an organization plan the splendid scheme propounded and put into being years ago, whereby in every county of these United States one medical organization, and only one, was to be officially recognized, these to make up the state organizations, and those in turn to compose the national or American Medical Association, has been the means of explaining much of the remark-